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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

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Application Number	11/248,848				
Filing Date	October 12, 2055 Alex I. Alten . Self-Detending Wireless Computer				
First Named Inventor					
Title					
Art Unit	2661				
Examiner Name	Unkhown				
Attorney Docket Number	1084 P0005US				

I hereby revoke all previous powers of attorney given in the above-identified application.											
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	Namo					Registration Number					
	James M. Wu, Orion Low Group				45,241				1		
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	City		Son Jose		State	CA		Zip 95113			
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	1'elephore			Email	watnoiro@uwinii	órionlawgreup nát					
I pm the  Applicant/Importor  Assignce of record of the entire interest. See 37 CFR 3.71,  Stefament under 37 CFR 3.75(b) is enchant. (Form PTC/SB/96)											
SIGNATURE of Applicant or Assignee of Record											
Shuna	tura	de	chendle I. 1	Herr			Date	F26. 22,200	8		
Name		Alon I	liten .			1	Telephone	(925) 699-2158			
	and Company	Pres		Securr			117				
NOTE. Signistions of all the inventors or easigness of record of the entire interest or the representative(s) are required Schemic mattrible towns if more than one argument is required, see below.											
Ť	'Total of		terms are submitted.	*							

This collection of information is prouted by 37 GFR 1.31, 1.32 and 1.33. The information is required to obtain or ration a benefit by the public which is to file family on USETO to process) an antification. Commonwalds is governed by 35 U.S.C. 122 and 37 GFR 1.11 and 1.14. This collection is estimated to take 3 minutes or completely including gathering, preparing, and azimpting the completed application form to the USETO. Time will say depending upon the lighting case. Any commonits on the immount of time you require to complete this form single suggestions for reducing this burden, should be sent to the Chief information Others, U.S. Department of Complete, P.O. Box 1450; Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRIES. SEND TO: Commissioner for Patents, P.O. Box 1450; Alexandria, VA. 22313-1450.

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